

ACCESS for ELLs® Training Course

Request for ID and Password

In order to obtain a new Identification and Password to the ACCESS for ELLs® training course, I need the following information:

Name:

E-mail address:

Are you a(n):

- Certified ESOL Teacher?
- Certified Teacher or Professional Staff (i.e., Guidance Counselor) who actively works with ELs on a regular basis?
- Alternative IV Candidate who is actively taking ESOL classes and who regularly works with ELs?

Are you currently hired by a NH School District?

If so, name of District:

Name of School:

Name of Supervisor:

If you are not a Certified ESOL Teacher, who is your supervising certified ESOL Teacher:

Once I receive this information I will be able to sign you up and send your new ID and password to the above e-mail address.

Thank You